#### Saipan Ice & Water Co., Inc.

P.O BOX 501808, SAIPAN MP 96950 Tel. No. 322-6130,322-5991 We Care About Your Health

No.		

: 									
CUSTOME	R NAME	$\bigcirc$	45				DATE		110304
ADDRESS		F	外女	MAN			CONTRACT R	EF.	_
CONTACT P	ERSON						TEL. NO.		
Equipmen	t Descripti	ion:							
Visit Freque	Visit Frequency Last Microbiology Test Result / Remarks:  Last Microbiology Test Result / Remarks:								
SERVICE F	REPORT	Che	reh	on pi	) (	iy s	ten	·	
FINDINGS	/COMMEN	TS:				V			
				•			CHECKLIS commendation)	ST	_
Anti-scalar			tree	an el		UV Light Unit (s)			
Chlorine Le	evel		100	15 Mg	7/1 Ozonator		itor	C	2K
Pre-filter			C	ed /	ı	Hardn	ess Reading		
Post-filter	***************************************		O.	4	1	Feed \	Water TDS	1	200 9/1
Feed Pump	Pressure		4	10 pol		Produ IDS	ct Water		50 pgm
Permeate I	Flow Rate	(GPM)	2	O Gop	m.	Chlori	ne Reading		0/
Reject Flov	-,	•		y		Others			•
Recommen Ohee Ohe	Recommendation (indicate particular work done or parts of system inspected):  Check home of DS greated Re product  Check appration wellowe of show (out								
Time Start	Time Fini	shed	Work	Performed b Signature	у &	С	Customer Rep. N	ame, S	Signature,Date
1			Roa	de los	Ry		pleringer		
			-		T		<i>(</i> ) (	1	

#### Saipan Ice & Water Co., Inc.

P.O BOX 501808, SAIPAN MP 96950 Tel. No. 322-6130,322-6031

We Care About Your Health

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			:			•		
CUSTOME	R NAME	(	D45	7		DATE	101808	
ADDRESS		K	CAGI	UAN		CONTRACT R	REF.	
CONTACT	PERSON					TEL. NO.		
Equipmen	t Descript	ion:	3000	/ /				
Visit Frequency:Week/Month Last Microbiology Test Result / Remarks:								
SERVICE I	REPORT	rech	871	RD	fyste	ry		
FINDINGS	COMMEN	TC.	<del></del>		<del></del>		4	
	no r	ivel	flo	CON ;	for i	ujectar	Jensk .	
	INS	SPECT	NOI	& MAIN	ENANG	C# CHECKLIS	ST	
		Describe	briefly re	esuit or inspe	ection and	recommendation)		
Anti-scala	nt Level		P	M	UV	UV Light Unit (s)		
Chlorine L	evel			,	Ozo	Ozonator M		
Pre-filter			for/	replacence	√ Har	dness Reading		
Post-filter	_		C	,	Fee	d Water TDS	200 km	
Feed Pump	Pressure		9	10 PS1	Pro TDS	duct Water	rold 25	
Permeate.	Flow Rate	(GPM)	, 2	1.0 Gpn	) Chie	orine Reading	/ /	
Reject Flou		-			Oth			
Recommendation (indicate particular work done or parts of system inspected): Bring for the first feet of the feet of the first feet of the first feet of the first feet of the								
Time Start	Time Finis	shed	Work	Performed l Signature	ру &	Customer Rep. N	ame, Signature,Date	
			nod a	de los R	4-	, /		
	•,	-	<i>4</i> *.	7				

# Saipan Ice & Water Co., Inc. P.O BOX 501808, SAIPAN MP 96950

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					· · · · · · · · · · · · · · · · · · ·				
CUSTOMER NAME	1	45			DATE	10/000			
ADDRESS	KAI	GMW			CONTRACT RI	EF.			
CONTACT PERSON		·			TEL. NO.				
Equipment Descript	Equipment Description: 3000 (TP)								
Visit Frequency	<u>/</u> :Week	i i	Microbiolog	y Test Re	esult / Remarks	<b>5:</b>			
SERVICE REPORT			1 /						
FINDINGS/COMME	love	nen	Hi-ju	esu	u pun	p			
FINDINGS/COMME	NTS:		V		J	<i>!</i>			
/									
IN	<b>SPECT</b>	ION & M	AINTEN	ANCE	CHECKLIS	ST			
	(Describe	briefly result	of inspection	and reco	ommendation)				
Anti-scalant Level		Kul	1	UV Ligi	ht Unit (s)				
Chlorine Level		V		Ozonator		0 K			
Pre-filter		ah	•	Hardne	ess Reading	18 apg			
Post-filter		de	§ :	Feed W	/ater TDS	1845 pp			
Feed Pump Pressure	e	40	ps1	Produc TDS	t Water	44 ppn			
Permeate Flow Rate	(GPM)	23	orem	Chlorin	e Reading	/ '			
Reject Flow Rate (G	PM)		,	Others		٠ .			
Recommendation (indicate particular work done or parts of system inspected):  Leplace New Hondres,  THE Month & Melline & Leed SHITTHE G'KU Myley									
Time Start Time Fir	ished /		ormed by &/	Customer Rep. Name, Signature,Dat					
		Mod d	, 1	7		7.			

#### Saipan Ice & Water Co., Inc.

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CUSTOMER	RNAME	PUS				DATE	92908		
ADDRESS			KAG	MAN		CONTRACT R	EF.		
CONTACT P	ERSON			,		TEL. NO.	·		
Equipment	Equipment Description: 3000 GM								
Visit Freque	Visit Frequency :: Week/Month Last Microbiology Test Result / Remarks:								
SERVICE R	EPORT C	hee	h K	D Fyx	Len	,			
FINDINGS									
he	rel t	o re	plne	e pre	fi/4	er			
				& MAINTEN esult of inspection			ST		
Anti-scalar	t Level	· · · · · ·	1	/2	UV Li				
Chlorine Le	evel		0	is mall	Ozon	ator	ak		
Pre-filter			(	ay '	Hard	ness Reading	21 Gpg		
Post-filter			rawl	y replace	Feed	Water TDS	1115 PSM		
Feed Pump	Pressure	l	8	o per	Produ TDS	uct Water	47 ppn		
Permeate F	low Rate	(GPM)	<u> </u>	· O Copm	Chlor	ine Reading			
Reject Flov	√ Rate (GI	PM)			Other	rs	•		
Recommendation (indicate particular work done or parts of system inspected): replace  Lew full me fuller, Check hard negs, TDS, Char  A feed fro I M modura. Check thoogs (well									
Time Start	Time Fin	ished	Work	Rerformed by & Signature	Customer Rep. Name, Signature,Date				
			Ros	Ide by Pr	Ry_ Com				

#### Saipan Ice & Water Co., Inc. P.O BOX 501808, SAIPAN MP 96950

P.O BOX 501808, SAIPAN MP 96950 Tel. No. 322-6130,322-5991 We Care About Your Health

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CUSTOMER NAME	0	45	US			92	605	
ADDRESS	Ce	agin	on		CONTRACT RI	EF.		
CONTACT PERSON		/			TEL. NO.			
Equipment Description: 3000 (Apr)								
Visit Frequency ::Week/Month Last Microbiology Test Result / Remarks:								
FINDINGS/COMME	Check	h p	to Syste	en			,	
FINDINGS/COMME	NTS: M	NX	o con res	eme	r (1 Gal)	, flori	ou ful	
red to a	ean ;	7 70	osi felten I	red	for rep	Cornet	7	
11	<b>ISPECT</b>	ON 8	& MAINTEN esult of inspection	ANCE	CHECKLIS	ST		
Anti-scalant Level		3/4			ht Unit (s)			
Chlorine Level		0	1 mg/(	Ozona	tor	ok		
Pre-filter		Øl	/ <sub>(</sub> /	Hardne	ess Reading	20	apg	
Post-filter		for	replacement	Feed V	Vater TDS	1000	hald	
Feed Pump Pressu	re	4	10	Product Water TDS		41	ppm	
Permeate Flow Rat	e (GPM)	2	O Gpm	Chlorin	ne Reading	0	/ /	
Reject Flow Rate (	GPM)			Others			•	
Recommendation (indicate particular work done or parts of system inspected): Check New News, TDS, Chorung feet to grade								
Time Start Time Fi	nished	Worl	k Performed by & Signature	Customer Rep. Name, Signature,Date				
		Kerl	. 1 1			<u></u>		

#### Saipan Ice & Water Co., Inc.

P.O BOX 501808, SAIPAN MP 96950 Tel. No. 322-6130,322-5991 We Care About Your Health

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CUSTOMER	NAME	Ø	45				DATE	(	91900	
ADDRESS		Pagman				CONTRACT RE	F.			
CONTACT PE	RSON		/				TEL. NO.			
Equipment	Equipment Description: 3000 GRO									
Visit Freque	Visit Frequency:Week/Month Last Microbiology Test Result / Remarks:									
SERVICE RI	EPORT	1100/	A-74	RD f	3.06	2-1				
		- u	- 7	RO	70 /	m				
FINDINGS/	COMMEN'	TS:								
							CHECKLIS commendation)	<b>ST</b>		
Anti-scalan	t Level		A	ul		UV Light Unit (s)				
Chlorine Le	vel		$V_{\mathcal{O}}$	ul v.v.mg/	L	Ozonator		C	ok	
Pre-filter				ok '		Hardness Reading		2	o gpg	
Post-filter			a	ek		Feed Water TDS		17	41 ppm	
Feed Pump	Pressure			40 pc	<b>'</b> /	Product Water TDS		Ş	29 ppm	
Permeate F	low Rate	(GPM)	2	10 GT	m	Chlor	ine Reading	. (	0'	
Reject Flow	-	-				Othe	· -			
Recommendation (indicate particular work done or parts of system inspected): Overh Will Told of Chlorine of feel the I no product week operational preliare of plonen level										
Time Start	√ Time Fini	shed	Work Performed by & Customer Rep. Name, Signature, D						Signature, Date	
			Ker	Sole C	a Py		Mapl			
					1		01)			



## Case 1:99-cv-00017 Document 24-24 File 01/03/2006

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P. O. Box 501808, Saipan MP 96950 \* Tel. 322-6130/9848/9455 Fax 322-5991 \* E-mail: spnice@vzpacifica.net

No.

			F			
CUSTOMER NAME	Dy	S		,DĂTE	03310	98
ADDRESS	KAGMAN			CONTRACT REF.		
CONTACT PERSON		. , , , , ,		TEL. NO.		
Equipment Description: 3000 CPD						
Visit Frequency	/Week/Month	Last Microbiology Te	est Result / Remarks:		•	
Check on RO Fyrtun						
FINDINGS/COMMENTS:					·	
		,				$x = a_{\epsilon}$
INSPECTION & MAINTENANCE CHECKLIST (Describe briefly result of inspection and recommendation)						
Hardness Reading	18	ape	Chlorine Reading	r	0	
Feed Water TDS	1430	PAM	RO Membrane		OK.	
Product Water TDS	1 21	- ppm	RO Pump		OR	
Raw Water Tank	Full	,	RO Operating Pre	ssure 2	OD P	81
Product Water Tank	Run	<u> </u>	Permeate Flow Ra	ite (GPM)	IN G	PM
Vater Softener System			Reject Flow Rate (	(GPM)	Ų.	
re-filter	OH		UV Light Unit (s)			
ost-filters	Ok		Ozonator		Olc :	<u> </u>
eed Pump Pressure	60	E81.	CTO Filter			,
roduct Pressure Pump	30	PRI	Water Meter Readi	ng		
thers furey (wit. 3/4) Others						
recommendation (indicate particular work done or parts of system inspected): Check The hard negs well Ch while of feed the, Check TDS of feed & RO Purkled Check Operational Messeul of Re marker Check flower On						
Time Start	Time Finished	Work Performed	by & Signature	Customer R	ep. Name, Signa	ature, Date
Podalo Ryen Posts. 033101						



### Saipan Ice & Water Co., Inc.

P. O. Box 501808, Saipan MP 96950 \* Tel. 322-6130/9848/9455 Fax 322-5991 \* E-mail: <a href="mailto:spnice@vzpacifica.net">spnice@vzpacifica.net</a>

No.

CUSTOMER NAME	DYS	<del></del>	ļ	<b>D</b> ĀTE	03/507
ADDRESS	KAG	KAGMAN			
CONTACT PERSON		190 4770171			
Equipment Descrip	otion: 3,02	D GPD			
Visit Frequency	/Week/Month	Last Microbiology Te	est Result / Remarks:		
SERVICE REPORT	Clerk	on PU	Sy Ten		
FINDINGS/COMMENTS: Prifa Www.	er fer M perodue	ran brane	replace RD HD	ment	due to Me
	INSI	PECTION & MAIN ibe briefly result of in:	NTENANCE CH	IECKLIST	
Hardness Reading	12	909	Chlorine Reading		$\bigcirc$
Feed Water TDS	967	ipm	RO Membrane		Ol
Product Water TDS	48	poni	RO Pump		ak
Raw Water Tank	Full	70	RO Operating Pre	ssure	wo per
Product Water Tank	1/4	erir" -	Permeate Flow Ra	te (GPM)	10 gm
Water Softener System	m		Reject Flow Rate (	GPM)	<i>J</i> • • • • • • • • • • • • • • • • • • •
re-filter	ok		UV Light Unit (s)		
ost-filters	ak	·	Ozonator		OK
eed Pump Pressure	40	R&1 .	CTO Filter		•
roduct Pressure Pun	1p. 31)	PS1	Water Meter Reading	ng	
thers Moci	on level:	pul	Others		
ecommendation (i		ork done or parts of significant of significant of the control of	ystem inspected): w own / h u, chell	e chle	orine, checke a fithal precen
V Time Start	Time Finished	Work Performed	Work Performed by & Signature Customer Rep. Name, Signature, Date		
			lor Renz	144	



### Saipan Ice & Water Co., Inc.

P. O. Box 501808, Saipan MP 96950 \* Tel. 322-6130/9848/9455 Fax 322-5991 \* E-mail: spnice@vzpacifica.net

No.

CUSTOMES	4						
CUSTOMER NAME	Dys	Dys		)ATE	030805		
ADDRESS	· CAG	- KAGMAN		ONTRACT REF.			
CONTACT PERSON			T	EL. NO.			
Equipment Descrip	tion:						
Visit Frequency	/Week/Month	/Week/Month Last Microbiology Test Result / Remarks:					
		inon a Ri			•		
FINDINGS/COMMENTS:			. V		e 1.09 pm		
INSPECTION & MAINTENANCE CHECKLIST  (Describe briefly result of inspection and recommendation)							
Hardness Reading	/2	9/29	Chlorine Reading				
Feed Water TDS	1075	PAN	RO Membrane		Oh		
Product Water TDS	1 : 5-	ppM	RO Pump		ah.		
Raw Water Tank	Fui	· · · · · · · · · · · · · · · · · · ·	RO Operating Pres	sure 7	D 189		
Product Water Tank	1/4	<b>₩</b> •.	Permeate Flow Rate	(GPM) 2	5 9PM		
Water Softener System	n		Reject Flow Rate (G	PM)			
Pre-filter	OK		UV Light Unit (s)				
ost-filters	. Oh		Ozonator		ok		
eed Pump Pressure	170	p81 ·	CTO Filter		•		
roduct Pressure Pum	p. (38	PSI	Water Meter Reading				
thers from level. Pull		Others					
decommendation (in the commendation (in the commend		ork done or parts of si our ( are deed g RW)	ystem inspected): R Childre roduit, a locky leve	ine & He	nd nolls of feed		
Time Start	Time Finished	<b>√</b>		Customer Re	stomer Rep. Name, Signature, Date		
		Rod de lor kyn					